

**Cancellation of Membership**

I, hereby give my 30 day notice to cancel my Affinity Health Insurance policy.

Reason for cancellation:

- ☐ Affordability
☐ Dependant Deceased
☐ Internal Company Process Limitation
☐ Benefit Limitation
☐ Main Member Deceased
☐ Left Employment
☐ Other, please specify below:

Dependant Removal Information:

Name:		Surname:		ID Number/Date of Birth:	
Name:		Surname:		ID Number/Date of Birth:	
Name:		Surname:		ID Number/Date of Birth:	
Name:		Surname:		ID Number/Date of Birth:	
Name:		Surname:		ID Number/Date of Birth:	

Details of the membership are as follow:

Main member details:		Company Name:	
ID Number:		Company PC Number:	
Policy Number:		Company Stamp:	
Last payment date:			

You will, however still be covered for the remainder of the month for which the last premium was collected; No premium will be refunded in instances where benefits are not utilised by a member. Should you wish to re-instate your policy after cancellation, you may do so within 2 months from the cancellation becoming effective. However, the inception date of the policy will change to that of the re-instatement date, and the standard waiting periods mentioned herein will apply.

Main Member signature: Date:

For any assistance or queries please send an email to info@nbcpshealth.co.za, alternatively Call or send us a "Please Call Me" to speak to one of our Agents.



EMAIL ADDRESS FOR GENERAL ENQUIRIES
info@nbcpshealth.co.za



PLEASE CALL ME
060 769 8770



WHATSAPP
083 231 6771



CALL CENTRE
0861 888 662

